

Instructions: Complete form and attach to visual monitoring reports for specified event.

**QUARTERLY AND ANNUAL
STORMWATER VISUAL MONITORING CERTIFICATION*
ALASKAN COPPER WORKS
SEATTLE, WASHINGTON**

Event (circle one): Quarterly or Annual

For quarterly monitoring, specify quarter and year: 4th QUARTER 2009

For annual monitoring, specify month and year: _____

I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Facility Representative: James Brown

Signature of Facility Representative: James Brown

Date: 2/3/10

COMPLIANCE

I certify, based on the attached visual monitoring reports for the monitoring quarter specified above, that Alaskan Copper Works is in compliance with this Stormwater Pollution Prevention Plan and conditions of the Washington Industrial Stormwater General Permit.

Name of Facility Representative: James Brown

Signature of Facility Representative: James Brown

Date: 2/3/10

OR

NON-COMPLIANCE

I certify, based on the attached visual monitoring reports for the monitoring quarter specified above, that the Alaskan Copper Works is **not** in compliance with this Stormwater Pollution Prevention Plan and/or conditions of the Washington Industrial Stormwater General Permit. The following conditions of non-compliance are noted: _____

The following action will be taken to correct these conditions and meet the requirements of the Stormwater Pollution Prevention Plan and the Permit: _____

Name of Facility Representative: _____

Signature of Facility Representative: _____

Date: _____

* In accordance with Special Condition S4.D1 of the Washington Industrial Stormwater General Permit.